

APN (Assessor's Parcel Number):

#007-200-14 + 007-220-03

DOC # 0232290

12/15/2016 02:22 PM

Official Record

Recording requested By
MIKE MEARS

Eureka County - NV

Lisa Hoehne - Recorder

Fee: Page 1 of 3

RPTT: Recorded By: CH

Book- 598 Page- 0032

Return this application to:
Eureka County Assessor
20 South Main Street
P.O. Box 88
Eureka, Nevada 89316
Phone (775)237-5270



This space for Recorder's Use Only

Agricultural Use Assessment Application

Return this application to the County Assessor's Office at the address shown above no later than June 1st. If this application is approved, it will be recorded and become a public record.

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY TO THIS APPLICATION.

1.) Please type in the following information for each owner of record or his representative. Attach additional sheets if necessary:

MORRISON FARM LLC

Owner: ALBERTA J MORRISON

Representative: TRUSTOR

Address: P.O. BOX 246

Address: PO BOX 246

City/State/Zip: EUREKA NV 89316

City/State/Zip: EUREKA NV 89316

2.) Describe all the uses of the land for which you are requesting an agricultural designation, such as agricultural, residential, commercial, or industrial use (For instance, if you farm and live on this parcel, the use would be both agricultural and residential). In addition, please describe the agricultural operation. (For instance, raising crops, livestock, poultry, fur-bearing animals, bees, aquatic agriculture, hydroponic gardens.)

AGRICULTURE and Residential

RAISING CROPS

3.) What is the size of the land devoted to agricultural use? all

4.) Is this parcel contiguous to other lands controlled by the owner and designated as agricultural? Yes SW 1/4 sect 10 No NW 1/4 sect 10

5.) What is the date the property was originally placed in service by the owners listed above for agricultural purposes? 1961

6.) Was this property previously assessed as agricultural? yes If yes, when was it assessed as agricultural? 1961 or 1962

7.) Was the gross income from agricultural use of the land during the preceding calendar year \$5,000 or more? Yes ✓ No _____

✓ 8.) Please attach a statement of revenues and expenses related to the agricultural use of the land and include a copy of IRS Form F. Additional documentation may be requested by the county assessor.

The undersigned hereby certify the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (I) (We) understand if this application is approved, this property may be subject to liens for undetermined amounts. (I) (We) understand that if any portion of this land is converted to a higher use, it is our responsibility to notify the assessor in writing within 30 days of the conversion.

EACH OWNER OF RECORD OR HIS AUTHORIZED REPRESENTATIVE MUST SIGN BELOW. IF SIGNED BY A REPRESENTATIVE, THE REPRESENTATIVE MUST INDICATE FOR WHOM HE IS SIGNING, HIS CAPACITY, AND UNDER WHAT AUTHORITY. PLEASE TYPE THE NAME UNDER EACH SIGNATURE.

Alberta J Morrison
Signature of Applicant or Agent

Owner, Representative - Trustor
Capacity (Owner, Representative, or Lessee)

ALBERTA J MORRISON
Type or Print Name

TRUSTOR
Authority (i.e. Power of Attorney)

11 - 2016
Date

P.O. Box 246 EUREKA NV 89316
Address/City/State/Zip

775-237-5592
Phone Number

FAX Number

FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TAXATION		
<input checked="" type="checkbox"/> Application Received	<u>12-15-16</u> Date	<u>MM</u> Initial
<input checked="" type="checkbox"/> Property Inspected	<u>12-15-16</u> Date	<u>MM</u> Initial
<input type="checkbox"/> Income Records Inspected:	_____ Date	_____ Initial
<input type="checkbox"/> Written Notice of Approval or Denial Sent to Applicant	_____ Date	_____ Initial
<input type="checkbox"/> Application forwarded to Department of Taxation	_____ Date	_____ Initial
<input type="checkbox"/> Department of Taxation returned application	_____ Date	_____ Initial
Reasons for Approval or Denial and Other Pertinent Comments: <u>Name change only</u>		
<u>Michael A Mears</u> Signature of Official Processing Application	<u>Assessor</u> Title	<u>12-15-16</u> Date



0232290

Book: 598 12/15/2016
Page: 33 Page: 2 of 3

Additional Signature Page
Attach to Application if Necessary

Matthew S. Morrison

Signature of Applicant or Agent

LESSEE

Capacity (Owner, Representative, or Lessee)

MATTHEW MORRISON

Type or Print Name

Trustee + Co-Manager

Authority (i.e. Power of Attorney)

11-2014

Date

Address/City/State/Zip

Phone Number

FAX Number

Donald Lloyd Morrison

Signature of Applicant or Agent

Lessee

Capacity (Owner, Representative, or Lessee)

DONALD Lloyd MORRISON

Type or Print Name

TRUSTEE + CO-MANAGER

Authority (i.e. Power of Attorney)

11-2014

Date

Address/City/State/Zip

Phone Number

FAX Number

Signature of Applicant or Agent

Capacity (Owner, Representative, or Lessee)

Type or Print Name

Authority (i.e. Power of Attorney)

Date

Address/City/State/Zip

Phone Number

FAX Number

Signature of Applicant or Agent

Capacity (Owner, Representative, or Lessee)

Type or Print Name

Authority (i.e. Power of Attorney)

Date

Address/City/State/Zip

Phone Number

FAX Number

